



DRIVER TRAINING SCHOOLS
STUDENT COURSE COMPLETION REPORT

SCHOOL INFORMATION

SCHOOL NAME			
STREET ADDRESS			
CITY	STATE	ZIP	(AREA CODE) TELEPHONE NUMBER
CLASS START DATE	CLASS END DATE		NUMBER OF STUDENTS
INSTRUCTOR NAME & CERTIFICATE NUMBER	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom	INSTRUCTOR NAME & CERTIFICATE NUMBER	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom
INSTRUCTOR NAME & CERTIFICATE NUMBER	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom	INSTRUCTOR NAME & CERTIFICATE NUMBER	<input type="checkbox"/> BTW <input type="checkbox"/> Classroom

STUDENT INFORMATION--Enter by certificate number in ascending order and include voids. Attach voids to this form.

	TSE CERT NUMBER	NAME (Last, First, Middle Initial)	DRIVER LICENSE NUMBER	CERT ISSUE DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

	TSE CERT NUMBER	NAME (Last, First, Middle Initial)	DRIVER LICENSE NUMBER	CERT ISSUE DATE
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

The information I have provided is, to the best of my knowledge, true and correct.

PRINT NAME OF INDIVIDUAL COMPLETING THIS REPORT

X

SIGNATURE OF INDIVIDUAL COMPLETING THIS REPORT

DATE SIGNED

PLACE SIGNED

Reports are due by the **1st of each month**.

Submit a **signed photocopy** of this report to:

**Department of Licensing
Driver Training Schools
PO Box 9030
Olympia, WA 98507-9030**

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.*